

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

ARISE FOR SOCIAL JUSTICE; ¿OISTE?;  
NEW ENGLAND STATE-AREA  
CONFERENCE OF THE NAACP; REV.  
TALBERT W. SWAN, II; GUMERSINDO  
GOMEZ; FRANK BUNTIN; RAFAEL  
RODRIQUEZ; and DIANA NURSE,

Plaintiffs,

Civil Action No. 05-30080 MAP

v.

CITY OF SPRINGFIELD and SPRINGFIELD  
ELECTION COMMISSION,

Defendants.

**TRIAL AFFIDAVIT OF MARIA IDALÍ TORRES**

I, Maria Idalí Torres, make the following declaration based on personal knowledge:

1. I was born in Orocovis, Puerto Rico and moved to Springfield in 1979. For most of the years since then, I have lived in Springfield. Since 1992, I have lived at 75 Chapin Terrace, which is in Ward 2, Precinct B. Before that time, I lived on Spring Street in Ward 3.
2. I have voted for 21 years in Springfield. My polling place is Our Lady of Hope Church in Hungry Hill.
3. I have a Ph.D. in Applied Medical Anthropology from the University of Connecticut, and an M.S.P.H. in Community Health Education from the School of Public Health and Health Sciences at the University of Massachusetts, Amherst. I received my B.A. from the School of Education at the University of Puerto Rico's College of Education.
4. I currently am a tenured associate professor in public health at the University of Massachusetts – Amherst. I work in Springfield on various community health projects that serve

the needs of the Latino community. My research on Springfield has included a longitudinal ethnography of HIV prevention; a community health assessment of Springfield neighborhoods including the North End and Liberty Heights; a study on physical activity of residents of the Mason Square neighborhood; and a study of the experiences of Latina and African American women with the female condom. In addition, I have worked on a number of community health projects, including an HIV prevention project in conjunction with Springfield's Caring Health Center.

5. I have been and continue to be involved with several political and civic organizations in Springfield. I currently serve on the board of the Massachusetts Career Training Institute. I am an active member of the Democratic Party at the Ward and City level. In the late 1990s I served on the Board of Overseers of Baystate Medical Center. In the 1980s I served as a Board Member of the Spanish American Union and the Puerto Rican Cultural Center of Massachusetts. I was a member in the 1990s of the Latino Breakfast Club, which is a networking organization for Latinos in the Springfield area.

6. I have volunteered for a number of political campaigns in Springfield. I worked on Carmen Rosa's 1993 School Committee campaign. In 2002, I helped with Robert Reich's gubernatorial campaign. In 2003, I worked on Carol Lewis-Caulton's City Council campaign. I worked on Peter Vickery's campaign for Governor's Council in 2005. Most recently, in 2006 I volunteered with Deval Patrick's gubernatorial campaign.

7. I am fluent in English and Spanish.

### **Election Procedure**

8. During the 2004 general election, I went to Our Lady of Hope and saw a line of Latino voters who did not know where to go or what to do. These voters were speaking to each other primarily in Spanish and appeared visibly confused. I did not see any poll workers who spoke Spanish or who offered assistance to these voters in Spanish. I saw and heard a white, elderly female poll worker say out loud to the voters who were speaking in Spanish, "We are in America." She said this in a loud and hostile tone.

9. The election materials and instructions, including the Voter's Bill of Rights, were in English only. I did not see any of these materials translated in Spanish at the polling place.

10. I read the Spanish language newspaper, El Pueblo Latino, and listen to the Spanish-language radio programs on a regular basis. Over the years that I have voted in Springfield, prior to 2006 I never saw or heard any election-related public service announcements sponsored by the City in any of the Spanish-language newspapers or radio stations. Until 2006, the City's official website published all the information about elections in English only. In 2006, I went online in order to download voter registration forms so that I could help register Spanish-speaking voters, but I saw that there were no Spanish-language voter registration forms available online.

11. Prior to the Department of Justice lawsuit, in all the elections I voted in Ward 2, I did not see any Spanish-speaking poll workers at my polling place. I have often seen Spanish-speaking voters bring friends and family members to help them vote because there is no poll worker there to provide language assistance. I have also seen poll workers repeatedly ask Latino voters for their names, and having trouble understanding Latino voters when they say their

names. I have seen delays at the check-in line, caused by communication problems between poll workers who speak only English and Latino voters who could not communicate well in English. On several occasions, I have intervened, translating for Latino voters who did not have anyone else to translate for them. Prior to the Department of Justice lawsuit, I had not seen poll workers offer help to Spanish-speaking voters who were having trouble at the polling place. Based upon my conversations with Latino voters who do not speak Spanish and with Latino community leaders in Springfield, I believe that Latino voters who do not speak English have felt uncomfortable and less motivated to vote because there have not been Spanish-speaking poll workers to help them at the polling place.

12. I believe that Latino turnout is relatively low in Springfield because people are discouraged by the at-large system, and because there is a history of minorities in the City not being represented in government. The current City Council does not represent the interests of the Latino community, as I discuss in greater detail below. Election information has not always been provided in Spanish. Many candidates do not bother making an effort to convey their political platform to the Spanish-speaking community.

13. Latino turnout during the primary election in September 2006 was higher than I had expected that it would be.

14. Unfortunately, Latino turnout during the general election in November 2006 was lower than I had expected, despite the increased Spanish-language assistance, and despite the excitement about Deval Patrick's candidacy. The problem is that people have given up. There is a chronic problem that needs to be fixed. There must be a greater effort to reach out and provide information to minority voters, including both Latino voters and African American voters. The

City needs to make better use of the media to educate people about the right to vote and about how the registration and voting process works.

15. I have advocated for Latino voters to use fewer than nine votes in the City Council election, because using fewer than nine votes increases the chances that they will elect candidates who are responsive to the needs of the Latino community. For example, when I worked on Carol Lewis-Caulton's 2003 campaign, I was featured on a radio advertisement asking voters to vote for Lewis-Caulton, Jose Tosado, and Alex Cortes for City Council. While white voters may use all nine of their City Council votes and may support a wide variety of candidates without jeopardizing the election of their most favored candidates, minority voters do not have this luxury, and must bullet vote instead.

16. The City sends an annual household survey to residents in Springfield. The Election Commission uses the results of this survey to update the voter list. I have seen the Spanish translation of this survey. The level of literacy on the English version is designed for the average voter. But the Spanish version is more difficult to understand than the English version. The Spanish translation is literal and doesn't make sense to the average Spanish-speaking voter.

17. In 2005, I requested a copy of the bilingual household survey from the Springfield Election Department in connection with my academic research. At that time, I was surveying Mason Square residents about their levels of physical activity. I intended to use the household survey information to make sure that my survey reached people in different racial and ethnic groups.

18. Unfortunately, by 2005 the city had stopped collecting information about race on the household survey. I know that at one time the city collected this information, because I had used it in my research in 1984, and later in 1994. Given the level of health disparities in

Springfield, I do not understand how the City can make important decisions about health services without this kind of information.

19. Attached at Tab A is a copy of the household survey form that I received from the Elections Department in 2005. Several sections of this form are written in a manner that is extremely confusing to the average Puerto Rican Spanish-speaker.

20. At the top of the survey, the English version says, “Important Legal Document – Annual Street Listing.” If the Spanish version merely stated, “Listado de Calles Anual,” it would make sense to the average Puerto Rican Spanish-speaker. However, it states instead, “Sistema de informacion de registro de votantes forma de validacion y listado de calles anual,” which is so grammatically incorrect that it would not make sense to the average person. It is difficult to provide a literal translation of the Spanish, because it is written so poorly, but it would be something approximating, “Information system for registering voters as a form of validating and annual listing of streets.”

21. The translations for first, last and middle name are also confusing. The Spanish word for last name, “Apellido,” is spelled incorrectly. The word used on the form for first name, “Sufijo,” is a Spanish word used in Spain, but not in Puerto Rico, and would not be understood by an average Puerto Rican reader. The word used commonly in Puerto Rico for first name is “nombre.” Confusingly, the translation on the survey for “middle initial” is given as “Nombre Inicial.” The correct translation for “middle initial” is simply “inicial.”

22. The translation of the phrase “New Address If Moved” also is incorrect. The correct translation would be, “Dirección nueva si se ha mudado.” Instead, the form says “Dirección nueva si hay de dirrection,” which means “new address if there is address.”

23. The English words underneath the signature line state, “Signature of Respondent.” The Spanish version states “Firma de Demandado.” “Demandado” does not mean respondent. “Demandado” means a person who is being sued.

24. The translation of “Signed under the Penalties of Perjury as prescribed by M.G.L. Chapter 56, Section 4” also is incorrect. The Spanish translation should be, “Firmó bajo las Penalidades de Perjurio desento en la ley M.G.L. capitulo 56, sección 4.” “Penas del perjurio” means “sadness of perjury.”

25. The form reminds the reader to “Recuerde de Licenciar Su Perro Para 2005.” According to the English, this was intended to mean, “Don’t Forget to License Your Dog For 2005.” However, the Spanish word for “license” in this context is “inscribir.” “Licensar” is interchangeable with the English word “register” in other contexts, including the context of voter registration, but you would not “licenciar” your dog.

26. The survey states in English that a renewal application for a dog license is on the opposite side of the form. The Spanish translation uses the wrong word for application, “aplicación,” instead of the correct terminology, “formulario” or “matrícula.”

### **Candidates**

27. It is extremely difficult for minority candidates to be elected in Springfield. A few have succeeded, but they are the exceptions.

28. Carmen Rosa’s campaign for School Committee was exceptional for several reasons.

29. First, Rosa was able to quit her job and campaign full time for a year and a half before the election. The amount of time that she was able to put into the campaign was very important to her success. Because minorities in Springfield as a group are more likely to be



economically disadvantaged than whites, it would be difficult for most prospective minority candidates to devote so much time to campaigning. Time off is absolutely crucial, however, because unless white voters personally meet a minority candidate, they are unlikely to vote for the minority candidate over a white candidate. This is especially the case for minority candidates who are not incumbents, because a white voter is more likely to choose an unknown white candidate over an unknown minority candidate.

30. Second, there was confusion about Rosa's ethnicity. Many voters believed that she was Italian rather than Latino. I know this because I was with Rosa when voters asked her whether she was Italian. Rosa is very light-skinned, and you cannot tell when she speaks that she is from Puerto Rico.

31. I believe one reason that Lewis-Caulton was defeated in 2001 and 2003 was that she had a track record from her days on the City Council of being very independent, including on issues that are important primarily to minority voters. She tried to make the Council focus on issues that are important to minority voters.

32. Another reason for Lewis-Caulton's defeat in 2003 was that she did not have the money or other resources to take time off from her regular job to campaign full-time. As I explained above, this is crucial for minority candidates in order for them to gain sufficient white support to be elected. Like most minority candidates, however, Lewis-Caulton could not make this financial sacrifice.

33. Like Rosa, Deval Patrick was able to begin his campaign very early on, approximately 2 years before the election. He was able to devote an extraordinary amount of time to meeting voters and building a grassroots campaign. He was able to do this because of his personal wealth, an advantage most minority candidates do not have. I do not believe one can



draw any conclusions about whether minorities in Springfield have an equal opportunity to elect candidates of their choice to the City Council and School Committee based on the success of Deval Patrick's candidacy for governor.

34. In fact, there were times when I found that the governor's race was negatively impacted by the same types of racial divisions that characterize politics in Springfield more generally.

35. In 2006 I attended the Ward 2 Democratic Caucus, where Ward 2 chose its delegates to the state Convention. The major issue before the Party that year was who would win the nomination for governor.

36. The Ward 2 Democratic Caucus was held in Our Lady of Hope, which is a Catholic church that has historically been a center for the Irish American community. A senior center is located in the church, and attendance at the senior center is largely Irish American. The church is used as a polling place on election day.

37. I believe that some people who do not attend services at Our Lady of Hope are discouraged from going there to vote or to participate in the caucus because they feel as though they do not belong there. More people would be encouraged to participate if elections and caucuses were held at facilities that serve a more diverse cross-section of the community.

38. I supported Deval Patrick at the Caucus. Eight other Patrick supporters and I joined together to form a slate of delegates to compete against another slate that supported Tom Reilly. Seven members of our Patrick slate were either African American or Latino, and two were white. The Reilly slate was larger and consisted of seven men, seven women, and alternates. The Reilly slate was entirely white except for one African-American alternate.

39. The attendance at the 2006 Ward 2 Democratic Caucus was overwhelmingly white. A large proportion of the attendees were seniors who were affiliated with the senior center at Our Lady of Hope.

40. The caucus participants voted to elect the Reilly slate. As a result, no African Americans or Latinos from Ward 2 were selected at the Democratic Caucus to attend the Convention as voting delegates (as I mentioned, one alternate delegate on the Reilly slate was African American).

41. The state Democratic Party has a process by which members of the party who are racial minorities and who were not selected to be delegates through their local Ward caucuses may apply to become add-on delegates. I applied to the state party to become an add-on delegate, along with the other African American and Latino delegates who had run on the Patrick slate with me. All of us became delegates through the add-on process. Without the add-on process, however, the slating process at the Ward level would have shut us out of the state Convention.

42. I believe that Jose Tosado has been a successful candidate because he has penetrated the predominantly white political establishment, has moderate political views, and has been more successful than most Latino candidates at raising money. He is an exception in the Latino community, in part because he was born here, has a large family network, and because he has spent much of his career in government service positions.

43. A key to Tosado's success was his appointment to the City Council by Mayor Albano. As a result of the appointment, Tosado always has run for City Council as an incumbent. Most Latino candidates do not have the benefit of connections to people who are already in important political positions in Springfield, as Tosado did when he was appointed by

Mayor Albano. I believe that Tosado's association with popular white politicians like Mayor Albano has increased his acceptability among white voters.

44. I believe that it is harder for minority non-incumbents to gain white voter support than it is for white non-incumbents to gain white voter support. Voters in Springfield are familiar with the incumbents. If they have to choose between two candidates who they do not know, they are likely to vote along racial lines. In particular, white voters are more likely to choose a white non-incumbent over a Latino or African American non-incumbent.

45. Bud Williams, even more than Tosado, has been able to penetrate the predominantly white political system in Springfield because of his involvement with the correctional system. Williams has worked as a probation officer, and he has ties to the Sheriff's office and the District Attorney's office that I believe, like Tosado, increase his acceptability among white voters.

46. I have observed the campaigns of several very strong Latino candidates who failed to win election. Two who stand out in my mind are Edgar Alejandro and Orlando Santiago.

47. Edgar Alejandro ran a strong campaign for City Council in 1991, but he did not win.

48. More recently, Orlando Santiago ran a very strong campaign for School Committee, and had a lot of support in the Latino community. I believed that he would win until the election results came in. Unfortunately, he did not have enough white support to win.

49. There are a large number of other strong Latino City Council candidates whom I believe were not able to win on account of their ethnicity. These include Carlos Lopez and Miguel Rivas in the 1980s, Gumersindo Gomez in 1997, and Alex Cortes in 2001 and 2003.

These candidates had strong support among Latino voters, but did not have the support that they needed from white voters in order to win.

### **Nonresponsiveness**

50. I believe that the City Council is not responsive to the needs of the minority community.

51. For example, in 1997 the city voted in favor of a referendum to adopt a ward-based system of election for the City Council. Ten years later, the City Council has not adopted a district-based system. Ward representation is strongly favored by Latinos and African Americans because it would improve their representation on the City Council. Springfield voters vote along racial lines. Because certain parts of the city are either predominantly Hispanic or predominantly African American, Hispanic and African American voters will have a better opportunity to elect the candidates they prefer if elections are conducted from districts.

52. HIV/AIDS is another area in which the City, including the City Council, has failed to respond to the needs of the minority community. The City has failed to create a city-wide plan to address the HIV/AIDS crisis.

53. Springfield's HIV and AIDS crisis disproportionately affects Latinos and African Americans. According to the City, of the 475 City residents living with AIDS as of January 1, 2004, 30% were black and 52% were Latino. Of the City residents living with HIV as of January 1, 2004, 27% were Black and 55% were Latino. City of Springfield Department of Health and Human Services, Health Update: HIV/AIDS 2004 10 (4th ed. 2004) (attached at Tab B) (hereinafter "2004 HIV/AIDS Update"). These numbers are greater than the two groups' shares of the population. According to the 2000 Census, 19.6% of Springfield residents are black, and 48.8% of Springfield residents are Latino.

54. In September 2004, I met with a group of City Councilors from the Council's Committee on Health and Safety to discuss the fact that Latinas are disproportionately affected by HIV/AIDS. They never took on the issue, and continued to look the other way as services to poor people in Springfield were cut.

55. Needle exchange is an important tool for addressing the spread of HIV/AIDS in Springfield. As of January 1, 2004, three out of every seven Springfield residents infected with HIV/AIDS was infected through injection drug use. 2004 HIV/AIDS Update, at 5. Needle exchange could reduce the rate of infection by intravenous drug use, and as a result, reduce the overall infection rate.

56. In 1998, the City Council failed to adopt a needle exchange program for Springfield.

57. After the City failed to adopt needle exchange, I went to the City Council office to request copies of the minutes of the meetings regarding needle exchange. I needed these minutes for my academic research. I was told that I would have to go to the City Solicitor's office instead. I then went to the City Solicitor's office and requested the minutes, but they never were provided to me.

58. Approximately eight years ago, I attended a community meeting at City Hall regarding the Department of Health and Human Services. The meeting was sponsored by Mayor Albano. The other attendees and I were told that anyone could obtain a copy of the Department's budget. I wrote a letter to the Department to ask for a copy to assist with my research. I never received a copy.

59. The City does not provide the Spanish language services necessary to respond to the needs of Latinos with limited English proficiency.

60. For example, the City does not provide any translation services at City Council meetings. Some time ago, I brought a group of community members to a City Council meeting to ask the Council to send a resolution to President Clinton and to Congress about the U.S. military exercises in Vieques, Puerto Rico. Some of the testimony at that meeting was given in Spanish, and the people giving the testimony had to provide interpreters themselves so that the City Council members who cannot speak Spanish could understand what they were saying.

61. The language barrier discourages Latino citizens with limited English proficiency from attending public meetings.

62. There are also insufficient Spanish language services available to residents using City services. To the extent that anyone is available to translate, it is usually those few city employees who are Latino. This puts an unfair burden on them because they have other jobs to do.

63. There is a perception among the Latino community that some of the large nonprofit institutions in the City take advantage of the City. They benefit from City services, but they do not pay taxes and they do not hire many employees from the poor neighborhoods where they are located. For example, Baystate Medical Center's expansion was approved by the City Council over objections from residents that Baystate does not contribute its share to community development in Springfield.

64. There is a perception among Springfield residents that decisions at institutions such as Baystate Health Systems and Springfield College are made by people who do not live in the City, and that the Mayor and City Council could do more to make these institutions contribute.

65. The Springfield police have a tense relationship with the Latino community. This results in part from their lack of understanding of Puerto Rican culture.

66. When the weather is warm, Puerto Rican men often gather and socialize on street corners. This is a common practice in Puerto Rico, and men of Puerto Rican heritage who live in Springfield have continued the tradition here. In Springfield, the police treat these men as though they are causing trouble.

67. On two occasions when I have called 911, the City's emergency services have been almost completely unresponsive.

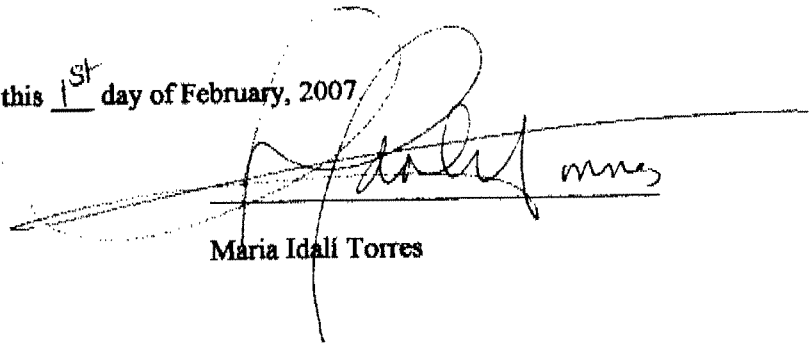
68. In approximately 1992 or 1993, I could see from my window that someone was stealing the license plate off my car. I called the police while the theft was in progress. The operator told me that she would not take my report over the telephone. She told me that I would have to go to the police station to make a complaint. I was shocked that she would not dispatch the police to stop a crime that was currently in progress.

69. I complained about this incident with the 911 operator at a Police Commission meeting. I never received a response to my complaint.

70. On a later occasion in the 1990s, I called 911 to report that someone was breaking into a car on my street. The operator asked me, "Does the person look Hispanic?" I responded, "What is a Hispanic person supposed to look like?" I explained that I could only see the back of the thief's head and could not identify the thief's race or ethnicity. Despite my call to report the robbery while it was in progress, the police never responded.



Signed under penalties of perjury, this 1<sup>st</sup> day of February, 2007

A handwritten signature in black ink, appearing to read 'Maria Idali Torres', is written over a horizontal line. The signature is stylized with a large, looping initial 'M'.

Maria Idali Torres

**CERTIFICATE OF SERVICE**

I hereby certify that this document filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non-registered participants on February 2, 2007.

/s/ Paul E. Nemser

# EXHIBIT A

# City of SPRINGFIELD 2005 Census Important Legal Document - Annual Street Listing

General Laws of Massachusetts mandate an annual street listing of residents as of January 1 of each year. As part of this process we are including information that is being maintained in the Commonwealth's Voter Registration Information System (VRIS).

Please read the instructions on the back for proper completion of this Census Form. The fields indicated with an \* are optional in your reply. Print your changes in the space at the bottom. Do not enter any changes if all printed information is correct. Please just sign, date below and return form in enclosed courtesy envelope within 10 days. For assistance, call the ELECTION DEPARTMENT at (413) 787-6190. Business hours are: Monday-Friday 9:00 a.m. to 4:00 p.m.

Failure to respond to this mailing shall result in removal from the active voting list and may result in removal from the voter registration rolls.

## Ciudad de SPRINGFIELD - Documento Legal Importante 2005

### Sistema de informacion de registro de votantes forma de validacion y listado de calles anual.

La ley general de Massachusetts ordena un listado anual de residentes viviendo en la ciudad desde el primer día de Enero. Como parte de este proceso estamos incluyendo informacion que es mantenida en el Nuevo Sistema de Registro de Informacion de Votantes del Estado (VRIS). Favor de leer las instrucciones por detras para poder completar esta forma de censo apropiadamente. Las areas indicadas con un \* son opcionales en su contestacion. Imprima sus cambios en los espacios en blanco. No haga cambio a la forma si toda la informacion es correcta. Por favor firme, ascriba la fecha y devuelva la forma en el sobre incluido dentro de 10 dias. Su necesita asistencia llame al Departamento de Eleccion a el (413) 787-6190. Las horas de consulta son: Lunes a viernes desde 9:00a.m. a 4:00p.m.

Si usted no responde a esta correspondencia su nombre ser removido de la lista de votacion activa y tambien puede ser removido de la lista de votacion por completo.

**PLEASE**  
**PRINT CLEARLY**

**FAVOR DE ESCRIBIR**  
**EN FORMA LEGIBLE**

Dwelling Address: (La direccion) \_\_\_\_\_

Phone # (El Número telefónico) \_\_\_\_\_ Unlisted (No Cotizable) ☐

A	B			C	D	E	F	G	H	I
Line #	NAME			Date of Birth mm/dd/yyyy Fecha de nacimiento Mes-Día-Año	Occupation Ocupacion	M - Moved D - Deceased Fallecido	New Address If Moved Direccion nueva si hay de direccion	Public Safety Seguridad Publica	No. of Dogs El número de Perros	U.S. Veteran - Veterano
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16										

SIGNATURE OF RESPONDENT

a firma de Demandado

DATE

La Fecha

signed under the Penalties of Perjury as prescribed by M.G.L. Chapter 56, Section 4

firmó bajo las Penas del Perjurio como prescrito por M.G.L. El capítulo 56, la Sección 4

Next Generation Printing

**DON'T FORGET TO  
LICENSE YOUR DOG FOR 2005**  
**Recuerde de Licenciar Su Perro Para 2005**

**(See Renewal Application on Reverse Side)**  
**(Vea la Aplicación de la Renovación en el Lado Inverso)**

# EXHIBIT B

**CITY OF SPRINGFIELD DEPARTMENT  
OF HEALTH AND HUMAN SERVICES**

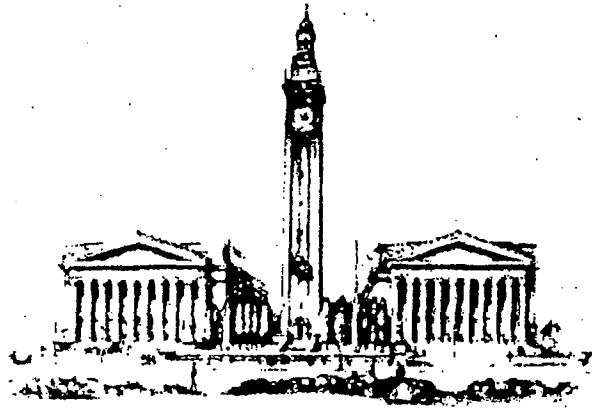
**HEALTH UPDATE**

**HIV/AIDS 2004**

**SPRINGFIELD, MA**

**Fourth Edition**

**Charles V. Ryan, Mayor  
Helen R. Caulton-Harris, Director**



THE CITY OF  
SPRINGFIELD, MASSACHUSETTS

August 23, 2004

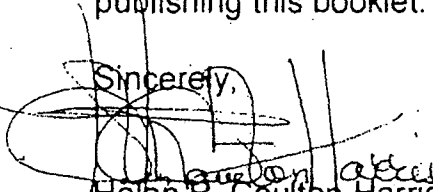
On behalf of Mayor Charles V. Ryan and the Springfield Department of Health and Human Services, it is my pleasure to present this Health Update concerning HIV and AIDS in the City of Springfield.

Even as events at home and abroad remind us of the broad scope of Public Health, it is of the utmost importance that we retain a strong focus on the HIV/AIDS epidemic. HIV/AIDS is a major health challenge both nationally and internationally and no less so to our city. Now more than twenty years since the first Springfield residents were diagnosed with AIDS, the number of City residents who've been diagnosed with AIDS is over 1100. We applaud the ongoing efforts of committed individuals offering service as concerned neighbors and friends as well as those working through government agencies, through health care and other community organizations to impact the lives of people infected and affected by HIV.

Here at the Springfield Department of Health and Human Services we remain vigilant in our efforts to contain and conquer the HIV/AIDS epidemic. This Update includes information about residents with HIV infection that has not yet been diagnosed as AIDS as well as residents with AIDS. It is one piece of our effort to support both prevention education and the provision of care and services.

I extend my very sincere thanks to the dedicated staff who are responsible for publishing this booklet.

Sincerely,

  
Helen R. Caulton-Harris  
Director



# Table of Contents

<b>Preface.....</b>	<b>3</b>
---------------------	----------

<b>Report Highlights.....</b>	<b>5</b>
-------------------------------	----------

## **RESIDENTS LIVING WITH HIV/AIDS**

Residents Living with HIV/AIDS.....	7
Gender of Residents Living with HIV/AIDS.....	8
Race/Ethnicity of Residents Living with HIV/AIDS.....	9-10
Risk Behaviors of Residents Living with HIV/AIDS.....	11-13
Age of Residents Living with HIV/AIDS.....	14-15

<b>Vital Status Of All Residents Ever Diagnosed with AIDS.....</b>	<b>16</b>
--	-----------

## **RESIDENTS EVER DIAGNOSED WITH HIV/AIDS**

Time Trends in Risk Factors: Male Homosexual Activity.....	17
Time Trends in Risk Factors: Injection Drug Use.....	18
Time Trends in Risk Factors: Heterosexual Activity.....	19
Time Trends in Risk Factors: Presumed Heterosexual Activity and No Identified Risk.....	20-21

## **RESULTS OF ANNUAL PHONE SURVEYS**

What are Your Chances of Getting Infected with HIV?.....	22-23
Have You Ever Had a Blood Test for HIV?.....	24
In What Grade Do You Think Children Should Begin Receiving HIV Education?.....	25-26

## **MAP**

Percent of Residents Living with HIV/AIDS by Zip Code.....	27
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## **Appendix I**

All Springfield Residents Ever Diagnosed with HIV/AIDS Time Trends in Date and Type of Diagnosis by Risk Factor
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This report was prepared by Dr. Rita Hindin, epidemiologist, for the City of Springfield Department of Health and Human Services under the direction of Helen R. Caulton-Harris, Director. For further information regarding this report please call the Springfield DHHS at (413) 787-6740.

# Preface

This health update provides information about Springfield residents with HIV, Human Immunodeficiency Virus. At a certain stage, as HIV infection progresses, the infection meets the official CDC definition of AIDS (Acquire Immune Deficiency Syndrome) and an individual with HIV infection receives an AIDS diagnosis.

Since the 1980s it has been required by law that certain information be reported to the Massachusetts Department of Public Health's (MDPH's) AIDS Surveillance Program about each state resident diagnosed with AIDS. Since 1999 Massachusetts law also requires that certain information be reported about each person with documented HIV infection that has not (yet) progressed to AIDS. MDPH data about both these populations are included in this UPDATE. A third MDPH database (the BRFSS, Behavioral Risk Factor Surveillance System) provides interesting information about beliefs and attitudes toward HIV risk among a cross-section of adult residents of the City. The annual random-dialing phone survey of persons 18—65 has repeatedly included several questions about HIV/AIDS. We thank the MDPH staff and especially Bikash Verma, of the AIDS Surveillance Program, for the courteous, competent and thoughtful manner in which they handled our questions and data requests, even in these times of diminished resources. With the aid of 2000 zip code-specific census data and the map-making support of Jason Mann of the City of Springfield's Planning Department, this UPDATE also includes a map of the City which indicates zip code-specific infection rates.

HIV/AIDS is an epidemic infectious disease that remains an enormous challenge to public health both nationally and internationally. The first Springfield residents were diagnosed with AIDS more than 20 years ago, and though the rate of new infections has decreased from its peak in the early/mid 1990's, diagnoses of AIDS and of HIV continue to be made in the City every year. This UPDATE gives a snapshot in time – a description of the City residents living with HIV or AIDS on a particular date, April 1, 2004. Descriptive information (for example the gender distribution) is presented for City residents living with AIDS, as well as for residents living with HIV infection that has not yet progressed to AIDS. Such data are important for addressing service delivery issues. Time trend data for all City residents ever diagnosed with HIV or AIDS are included because they provide historical perspective and thus contribute to a more comprehensive understanding of the nature of the epidemic. The Behavioral Risk factor Surveillance System data provide the responses of random (therefore, more or less representative) samples of City residents during the mid and late 1990's to three interesting questions: individuals' assessments of their own personal risk of infection, individuals' use of HIV blood testing in order to know their own HIV status, and person opinions about the optimal grade in which to begin school-based HIV education. Publicizing the survey results can be valuable to spark further awareness and discussion of the issues the survey questions raise and, as well, will, hopefully, improve the atmosphere for public discourse about various HIV/AIDS issues. Lastly, the HIV/AIDS prevalence map is informative in its own right and can serve the goal of more targeted services.

## REPORT HIGHLIGHTS

### ***A SNAPSHOT of the SPRINGFIELD HIV/AIDS EPIDEMIC: As of January 1, 2004***

- The rate of HIV/AIDS infection in the City of Springfield was 6.0/1,000.
- 905 Springfield residents were known to be living with HIV/AIDS.
  - A bit more than half (53%) were living with AIDS, the remainder (47%) with HIV infection only.
  - More than 1/3 though not quite 2 of every 5 (38%) were female.
  - Slightly more than half (53%) were Hispanic; slightly under 3 of every 10 (28%) were Black; slightly fewer than 1 in 5 (18%) were White; less than 1% were of other race/ethnicity.
- Three of every 7 (43%) were infected through injection drug use; 1 of every 6 (16%) was infected through male homosexual activity; (another 3% had both of these routes of exposure); 1 in 3 (33%) were infected through heterosexual or presumed heterosexual exposure.

### ***TIME TRENDS of the SPRINGFIELD HIV/AIDS EPIDEMIC:***

- There were 1,124 City residents ever diagnosed with AIDS as of the end of 2002 and 168 residents who received an HIV diagnosis during the first four years that people with HIV were reported, 1999-2002. Grouping these infected residents according to the dates of their AIDS diagnoses (and including as the most recently infected group those with HIV infection, not yet AIDS), time trends in the demographics of the epidemic can be observed.
- Over time, heterosexual activity has become an increasingly common route of acquiring HIV/AIDS infection among City residents. (Note that known risky heterosexual activity is defined as sexual activity with a person who was infected through a primary risk factor, most likely injection drug use.) Among residents diagnosed with AIDS or HIV in the years 1999-2002, 1 in 5 (20%) were infected through known risky heterosexual activity. Heterosexual activity was presumed to be the risk behavior of an additional substantial portion.

- Injection drug use, which was the risk factor of 3 of every 5 (60%) City residents diagnosed with AIDS in 1994-1995 accounted for 4 of 9 (44%) AIDS cases in the years 1999-2002 and 3 of 9 or 1/3 (33%) of HIV cases diagnosed in those years, 1999-2002.
- Male homosexual activity, which accounted for 28% of all AIDS cases in the City through 1991, accounted for fewer than half that portion (13%) in 1994-1995 and then rose to account for more than 1/6 (17% - 18%) of new HIV and AIDS diagnoses in 1999-2002.
- Among the 1,124 City residents diagnosed with AIDS by the end of 2002, 640 (57% or about 7 of every 12) were known to have died by April 1, 2004.

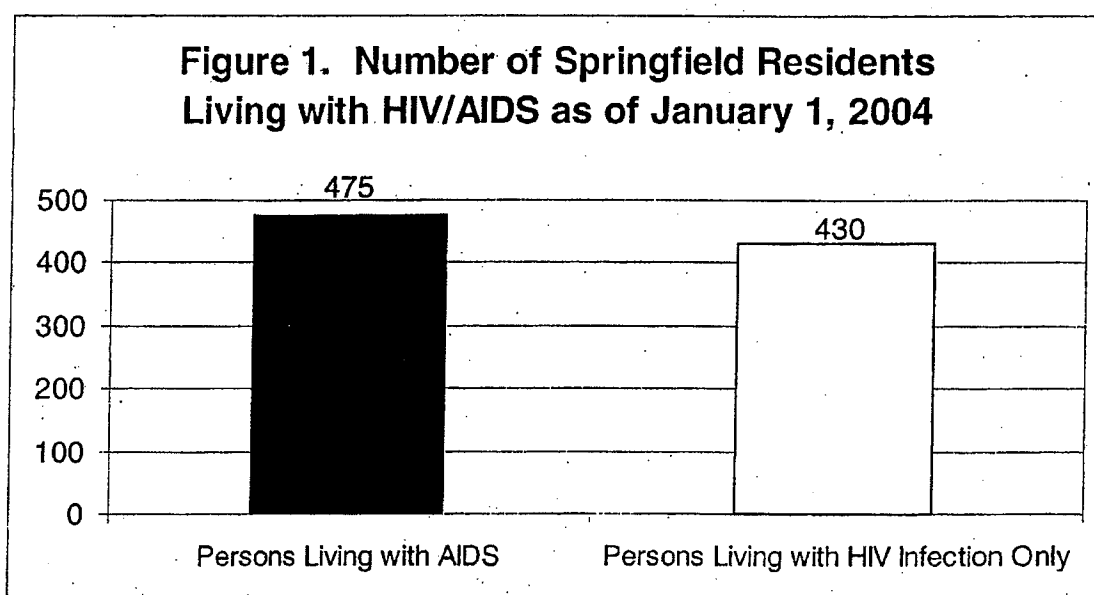
***BELIEFS and ATTITUDES: RANDOM ANNUAL PHONE SURVEYS of RESIDENTS, 1994 - 2000***

- Springfield residents believe they are at greater risk of getting HIV than residents statewide.
  - Over 9% of City residents think their risk of HIV infection is "high" or "medium". Statewide fewer than 7% of residents consider themselves to have risks at that level.
  - Approximately 3 of every 5 persons answering the survey question (in both the City and the State) believe they have no risk of HIV infection.
- Each year between 1994 and 2000 the percent of Springfield residents who've taken the initiative to have an HIV blood test (other than as part of donating blood) is greater than the percent Statewide.
- The percent of Springfield residents who'd taken the initiative to have an HIV blood test was over 60% by 2000. Statewide in 2000 it was under half.
- Among the choices Kindergarten - 3<sup>rd</sup> grade, 4<sup>th</sup> - 6<sup>th</sup> grade, 7<sup>th</sup> - 12<sup>th</sup> grade, Springfield residents were most likely to believe that HIV education should begin in the 4<sup>th</sup> - 6<sup>th</sup> grade.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## RESIDENTS LIVING WITH HIV/AIDS

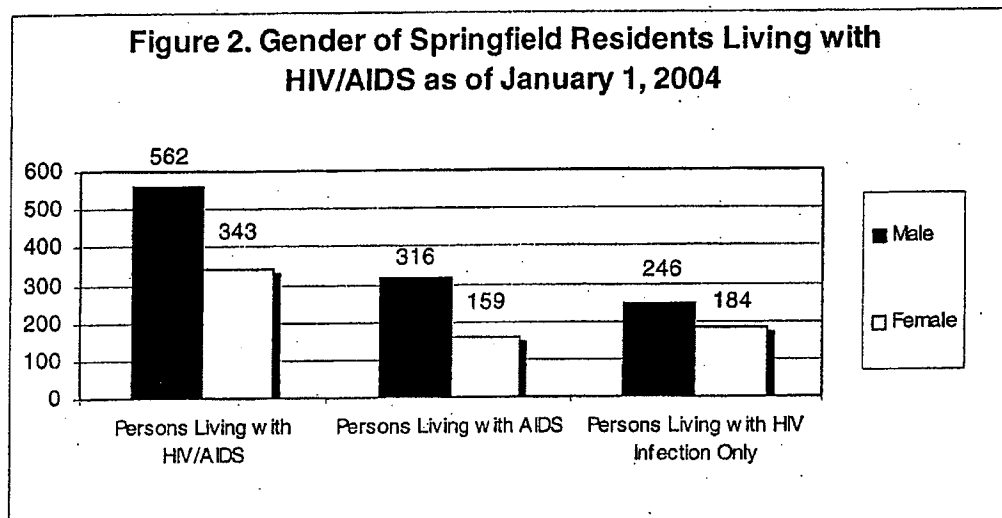


- At the beginning of January 2004, 905 Springfield residents were known to be living with HIV/AIDS. Of the 905, 475 (53%) had AIDS and the remaining 430 (47%) were living with HIV infection only.
- The 2000 census gave the Springfield population as 152,082. Thus the rate of HIV/AIDS infection among city residents on January 1, 2004 can be estimated as  $905/152,082$  or 6.0/1,000.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## GENDER OF RESIDENTS LIVING WITH HIV/AIDS



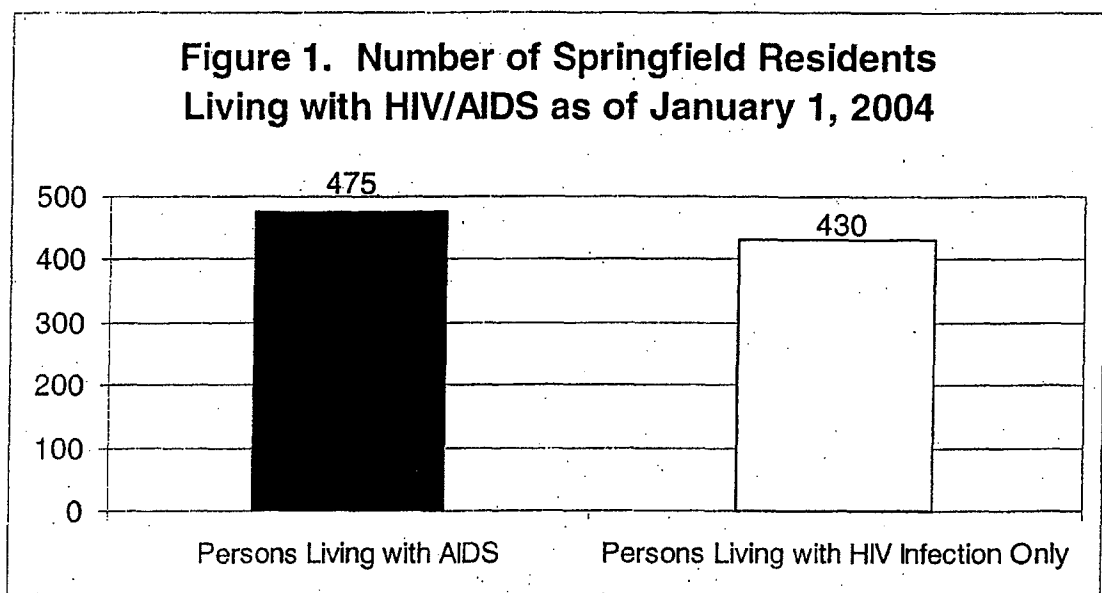
- Of the 905 Springfield residents known to be living with HIV/AIDS at the beginning of January 2004, 38% or not quite 2 of every 5 were female.
- More specifically, of the 475 Springfield residents living with AIDS 159 (just 1/3) were female. Of the 430 residents living with HIV infection but not AIDS 184 (43% or 3 of every 7) were female.
- Overall, people with HIV infection that has not progressed to AIDS were infected with HIV more recently than those with AIDS. Therefore, these data indicate that the percent of persons becoming infected with HIV who are female has been increasing.



CITY OF SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES

# HEALTH UPDATE

## RESIDENTS LIVING WITH HIV/AIDS

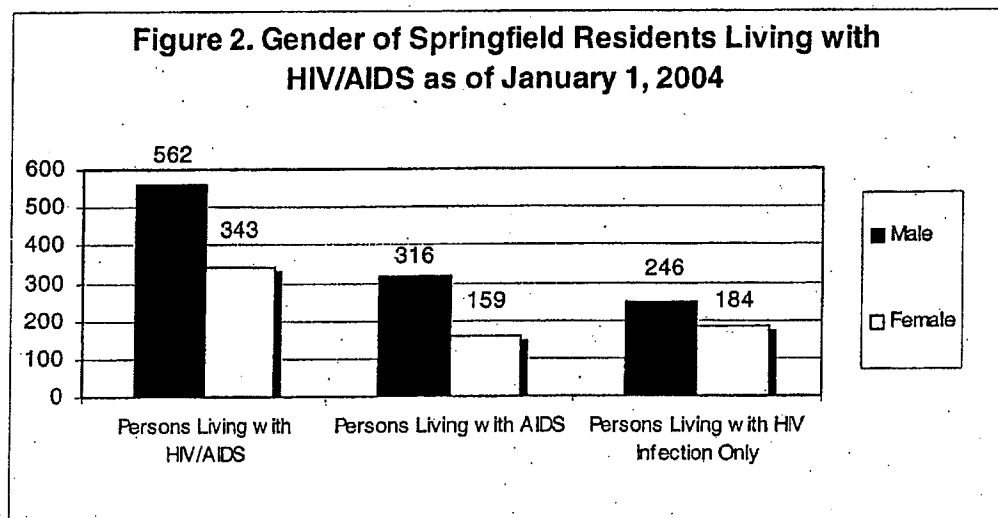


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## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

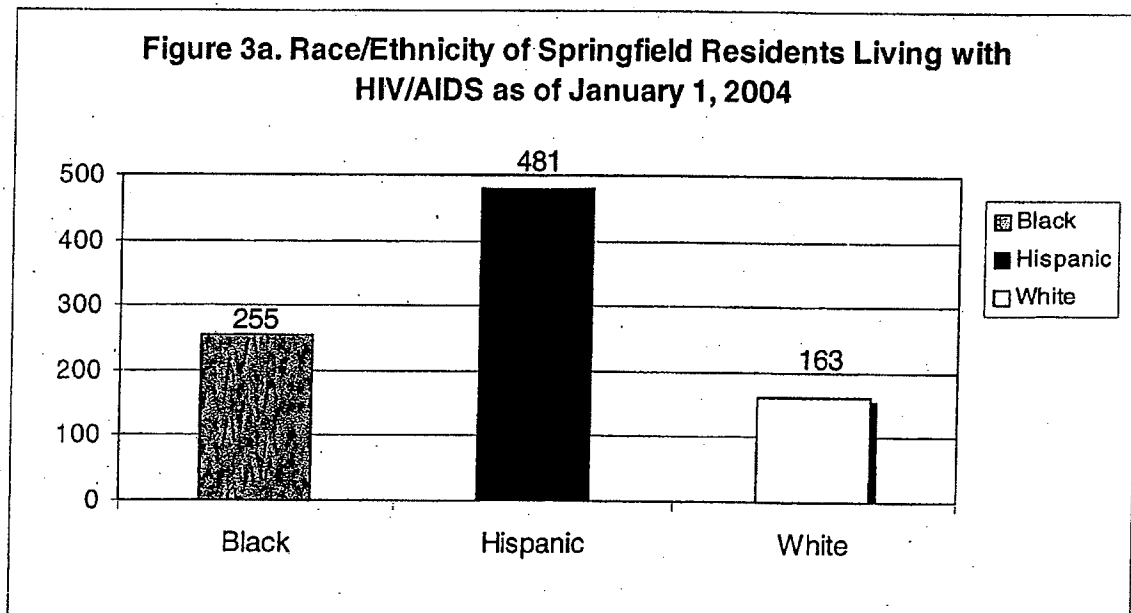
## GENDER OF RESIDENTS LIVING WITH HIV/AIDS



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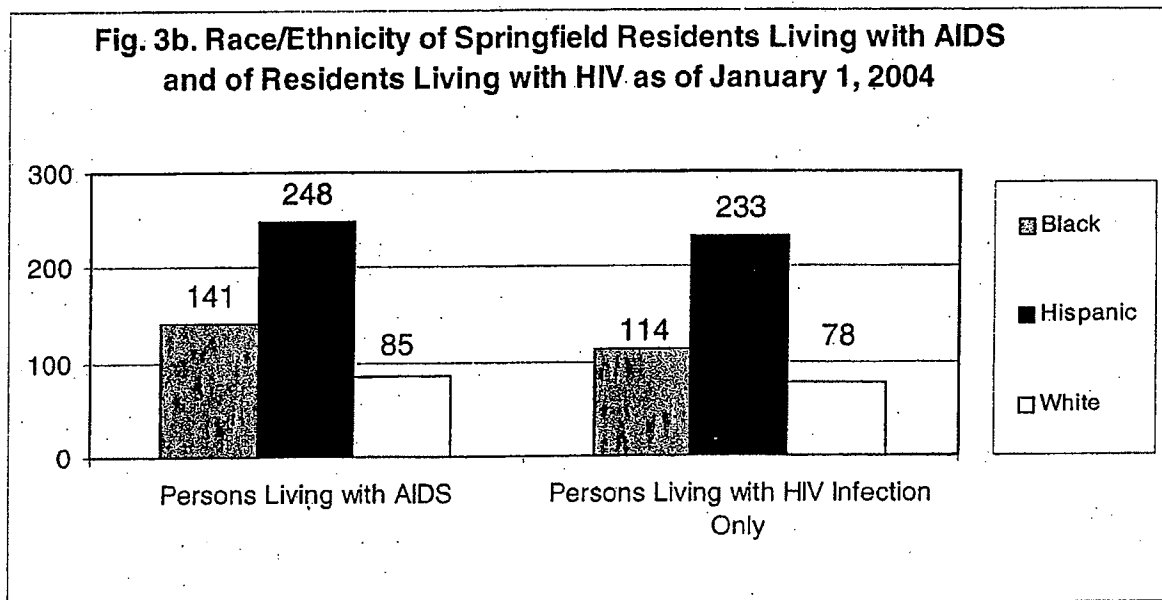
## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

**RACE/ETHNICITY OF RESIDENTS LIVING WITH HIV/AIDS**

- Of the 905 Springfield residents known to be living with HIV/AIDS at the beginning of January 2004, 28% slightly under 3 of every 10, were identified as Black, 53%, slightly more than half, were identified as Hispanic, 18%, slightly fewer than 1 in 5, were identified as White, and less than 1% were identified as of other race/ethnicity.
- The race/ethnicity make-up of people living with HIV/AIDS in Springfield at the beginning of January, 2004 differs considerably from the race/ethnicity make-up of the adult population of the city.
- The 2000 census indicated that about 20% of the city residents were Black. In comparison, the data above indicate that 28% of city residents living with HIV/AIDS are Black.
- The 2000 census indicated about 27% of city residents were Hispanic. In comparison, the data above indicate that 53% of city residents living with HIV/AIDS are Hispanic.
- The 2000 census indicated about 49% of city residents were White. In comparison, the data above indicate that 18% of city residents living with HIV/AIDS are White.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

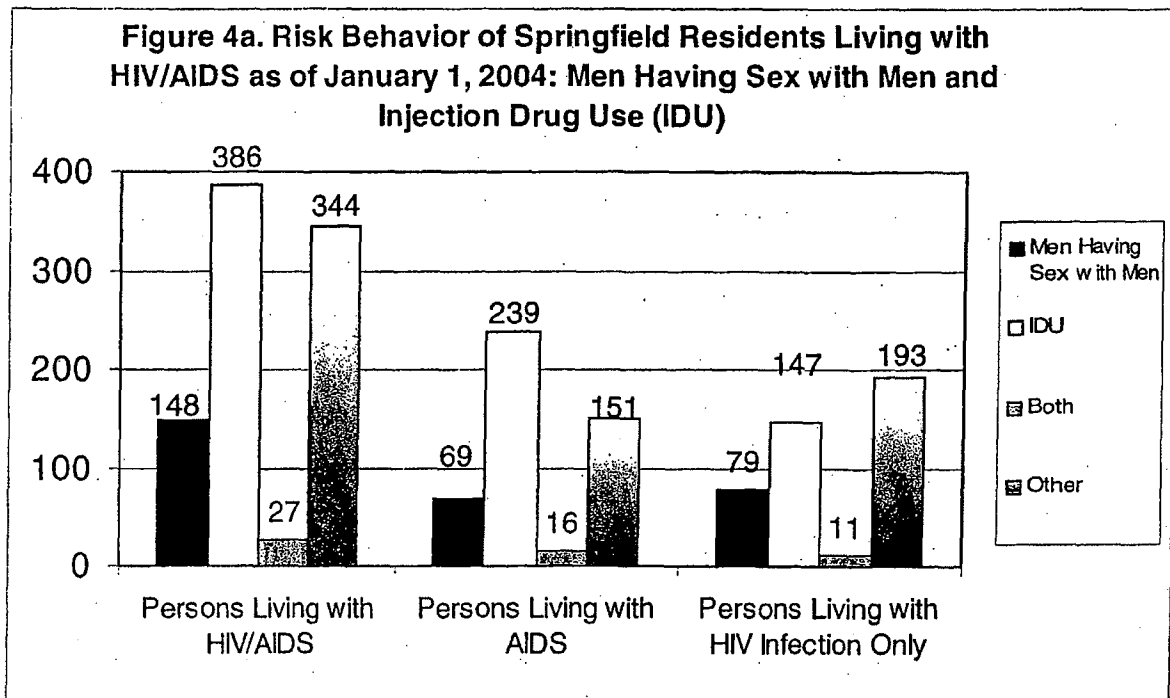
**HEALTH UPDATE****RACE/ETHNICITY OF RESIDENTS LIVING WITH HIV/AIDS**

- Of the 475 City residents living with AIDS as of January 1, 2004, 30% (3 of every 10) were identified as Black. A slightly smaller percentage, 27%, of those living with HIV infection were Black.
- Of city residents living with AIDS at the start of 2004, slightly more than half, 52%, were identified as Hispanic. A yet larger percentage of residents living with only HIV were Hispanic, 55%, or 5 of every 9.
- The percentage of white residents living with AIDS and living with HIV only at the start of 2004 was the same, 18%.
- Because "HIV infection only" is an earlier stage of disease than "AIDS" these data indicate that, in comparison to all City residents living with HIV/AIDS:
  - Affected Hispanic residents are more commonly living with the earlier stage of disease.
  - Affected Black residents are more commonly living with the later stage of disease.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## RISK BEHAVIORS OF RESIDENTS LIVING WITH HIV/AIDS

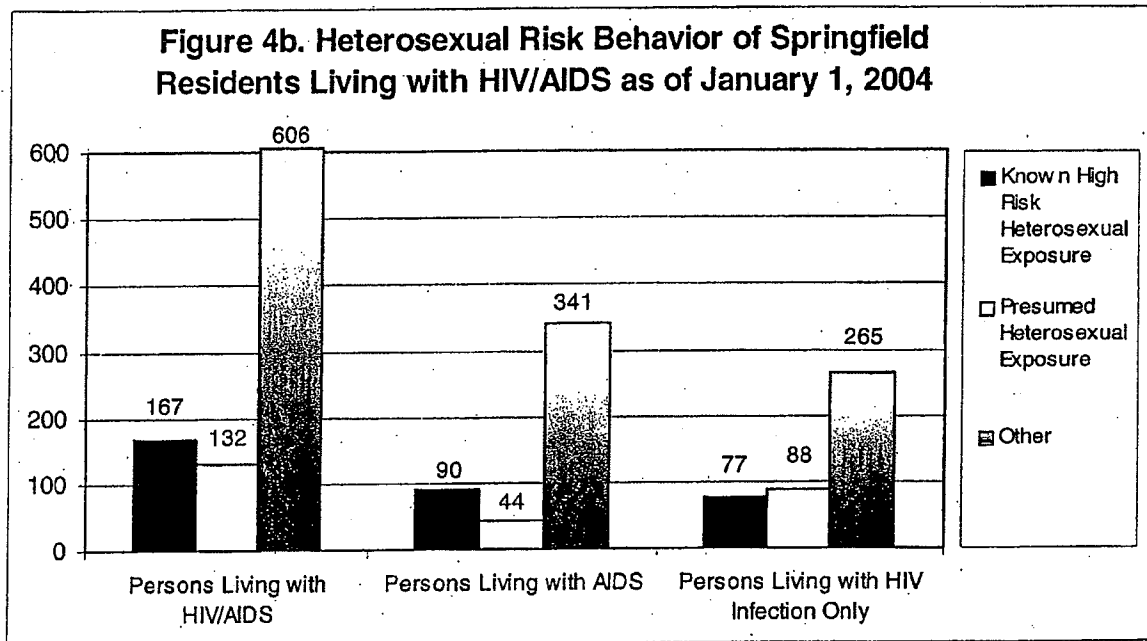


- Of the 905 Springfield residents known to be living with HIV/AIDS at the beginning of January, 2004, 16%, about 1 in 6 are men believed to have become infected by sex with an infected man.
- A similar percentages of persons living with AIDS (15%) and persons living with HIV infection only (16%) were infected by male homosexual activity.
- Of the affected residents alive on January 1, 2004, 43% or 3 of every 7 are believed to have become infected by injecting drugs.
- Half (50%) of the 475 residents living with AIDS were infected by injecting drugs whereas 34%, approximately 1 in 3, of those living with HIV infection only, were infected shooting drugs.
- About 3% of residents living with HIV/AIDS were men exposed to risk both from homosexual activity and injecting drugs.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## RISK BEHAVIORS OF SPRINGFIELD RESIDENTS LIVING WITH HIV/AIDS

**HIGHLIGHTS OF DATA ABOVE AND DATA ON PREVIOUS PAGE**

- Risk category that is relatively more common among persons living with AIDS than among persons living with HIV only is:
  - \* **Injection Drug Use** (risk factor of 50% of those living with AIDS vs. 34% of those living with HIV only)
- Risk categories that are relatively more common among persons living with HIV only than among persons living with AIDS are:
  - \* **Presumed Heterosexual Exposure** (risk factor of 21% of those living with HIV infection only vs. 9% of those living with AIDS)
  - \* **No Risk Specified** ("risk factor" of 6½% of those living with only HIV vs. 1½% of those living with AIDS). (Not shown in figure, see discussion on next page)

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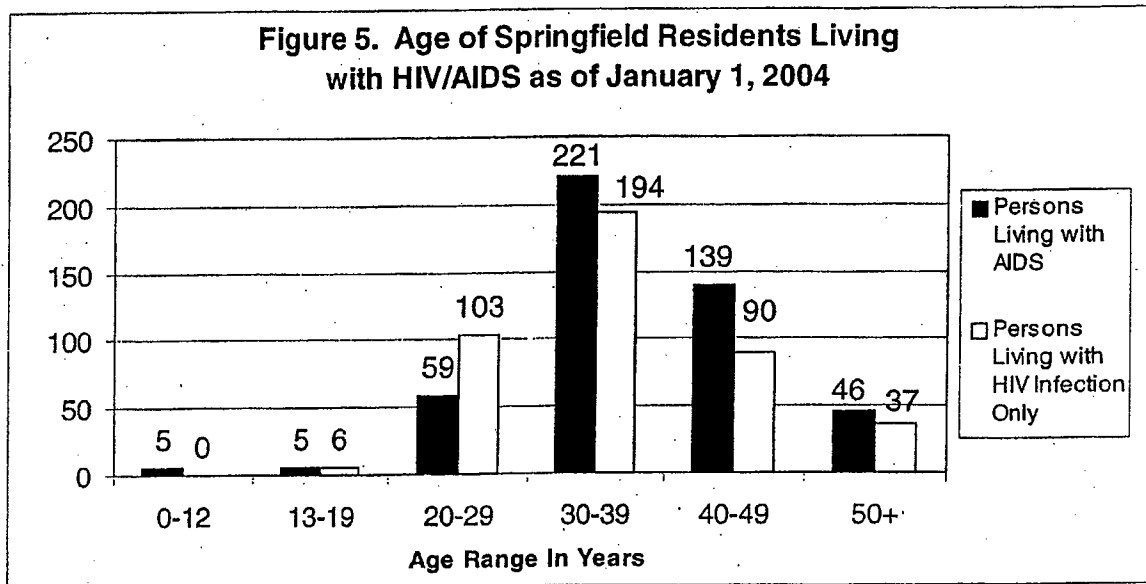
- High risk heterosexual exposure is defined as sex with someone known i) to have HIV/AIDS, ii) to be injecting drugs or, iii) for women, as sex with a man who's been active bi-sexually. Presumed heterosexual exposure is identified as an individual's risk when other risks are ruled out and heterosexual activity was reported.
- Of the 905 Springfield residents living with HIV/AIDS at the beginning of January, 2004, 19%, almost 1 of every 5, are believed to have become infected through high risk heterosexual activity; an additional 15%, about 1 of every 7 are presumed infected through heterosexual sex.
- Of the 475 residents living with AIDS on January 1, 2004 19%, nearly 1 of every 5, were exposed through risky heterosexual activity. A similar percentage of the 430 residents living with HIV infection only were infected by this route, 18%.
- Of the 475 residents living with AIDS at the start of January, 2004, an additional 9%, or 1 of every 11, are presumed to have been exposed by heterosexual activity. In striking contrast, an additional 21%, slightly more than 1 of every 5, of the 430 residents living with HIV are presumed to have been infected heterosexually.
- Another risk category (not shown in the figure) that accounts for a relatively small number of cases is the self-explanatory category "No Risk Specified". While some infected persons end up in this category because there was no opportunity to determine their risk factor, most are in the category because efforts to determine risk did not yield results. It is worth noting that infected persons with no risk specified account for only 1½% of persons living with AIDS and for more than four times as many, 6½%, of those living with HIV only.



## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## AGE OF RESIDENTS LIVING WITH HIV/AIDS



- Thankfully, it is now very, very rare for a newborn in America to be HIV infected at birth. In Springfield at the start of 2004 there were 5 children living with AIDS, presumably acquired at birth.
- Eleven Springfield youth 13-19 years of age were living with HIV/AIDS at the start of 2004.
- Just under 1 of every 4 persons living with HIV (24%) were 20-29 years old when diagnosed; this is double the 12% of persons living with AIDS who were diagnosed in their 20's. Overall, 18% of Springfield residents living with HIV/AIDS on January 1, 2004 were 20—29 years old at first diagnosis.
- Not quite half, 46% of Springfield residents living with HIV/AIDS on January 1, 2004 were in the 30—39 year old age range when first diagnosed. There is little difference in the percentage of those with AIDS vs. those with HIV only in this age category.

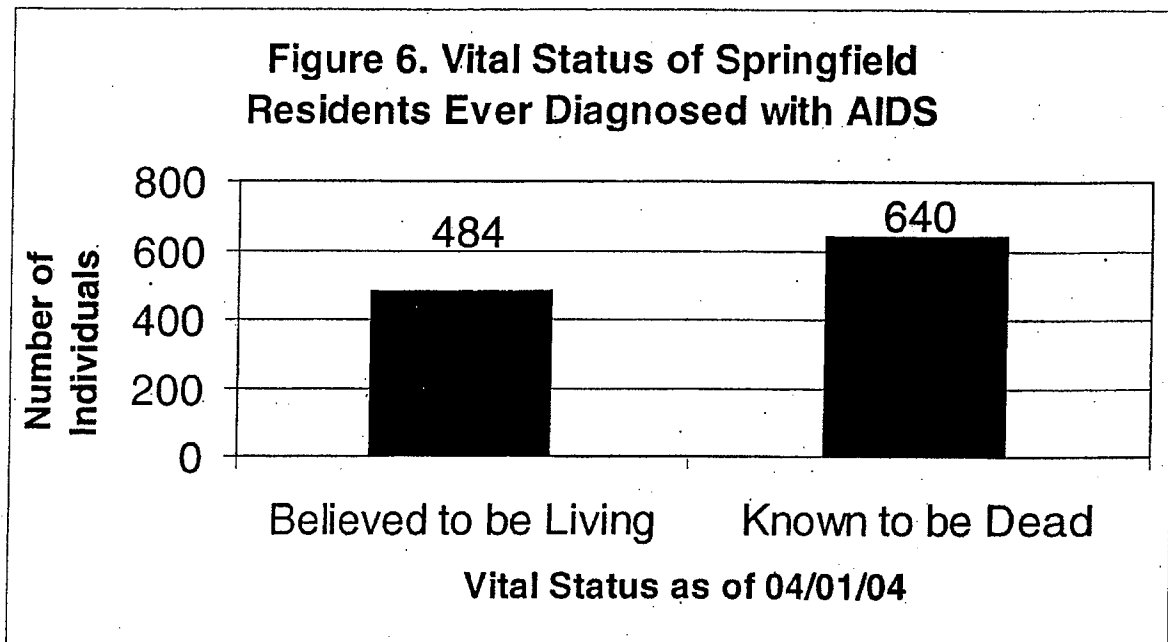
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- Whereas, 29% of those living with AIDS were 40—49 years old when diagnosed, only 21% of those living with HIV fell into that age category. One of every 4 residents living with HIV/AIDS at the start of 2004 (25%) fell into the 40—49 year old category when diagnosed.
- Nine percent, 1 of every 11 city residents living with HIV/AIDS at the start of 2004 were 50 or older when first diagnosed. There is little difference in the percentage of those with HIV and those with AIDS in this age category.
- In sum, the age distribution of those with AIDS is shifted toward the older ages in comparison to the age distribution of those with HIV only.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## VITAL STATUS OF ALL RESIDENTS EVER DIAGNOSED WITH AIDS

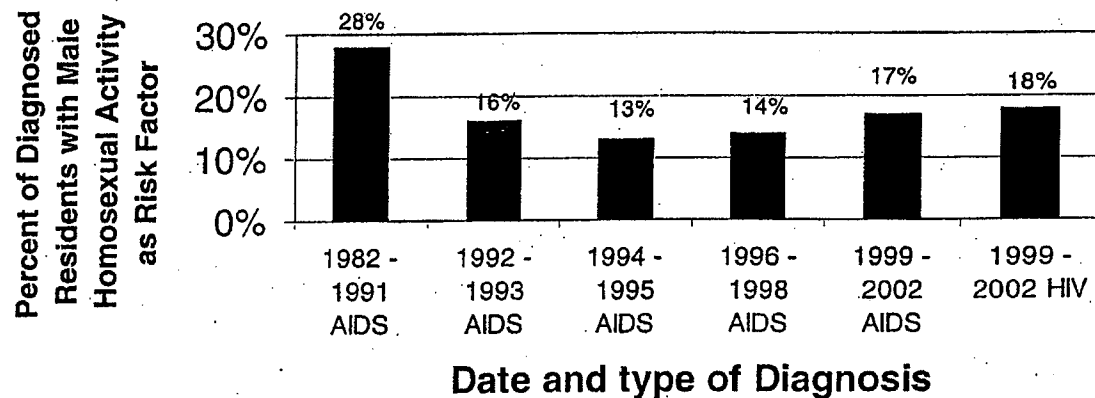


- This figure focuses on all City residents who ever received an AIDS diagnosis and were in the AIDS case registry by April 1, 2004.
- Since the HIV/AIDS epidemic came to Springfield, and as of April 2004, 1,124 residents have been diagnosed with AIDS and reported to the case registry.
- Just about 4 of every 7 (57%) Springfield residents who'd been entered into the AIDS case registry by April, 2004 were known, by 04/01/04, to have died.
- As well, there are 449 City residents who have been entered into the HIV registry as of 04/01/04. Of them, 15 or 3% were known to have died (without an AIDS diagnosis).

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

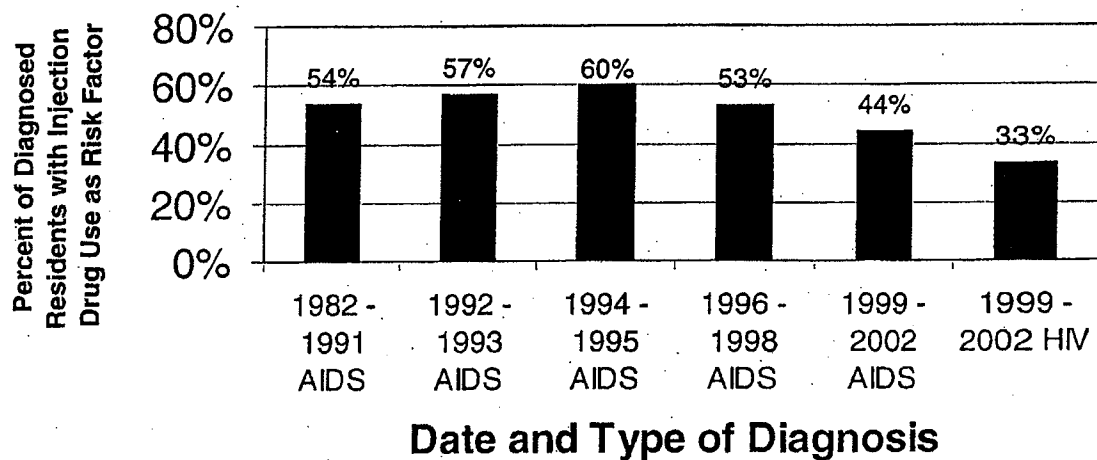
## RESIDENTS EVER DIAGNOSED WITH HIV/AIDS TIME TRENDS IN RISK FACTORS: Male Homosexual Activity

**Figure 7. Men who have Sex with Men**

- For individuals grouped according to date of HIV/AIDS diagnosis (AIDS diagnosed in 1982—1991, 1992—1993, 1994—1995, 1996—1998, 1999—2002, and HIV only diagnosed in 1999—2002), this figure presents the percentage of persons whose infection is attributed to male homosexual activity.<sup>1</sup> Appendix I gives data on all risk factors by date of diagnosis.
- Among the 262 Springfield residents diagnosed with AIDS by 1991, the reported risk behavior of 28% was men having sex with men.
- The percentage of Springfield residents diagnosed with AIDS in the very next time period (1992—1993) whose risk behavior was male homosexual activity dropped a lot, to 16% (36 of 232).
- During the 1994—1995 and 1996—1998 time periods the percentage of those with AIDS whose risk factor was male homosexual activity was between 13% and 14%.
- Sex with another man was the risk factor of 17% of the city residents most recently diagnosed with AIDS (1999—2002) and of 18% of residents who received HIV diagnoses in that time period.
- The data suggest that the percentage of residents being diagnosed with HIV/AIDS whose risk factor was male homosexual activity hit a low in the mid—90's and is rising slowly since then.

<sup>1</sup>MDPH data as of 04/01/04. Because there is a lag of variable length between date of diagnosis and date of report, in order to analyze a "complete" set of data, only those diagnosed in 1999 or later are included in the analysis. Because reporting of persons with HIV diagnoses prior to 1999 is

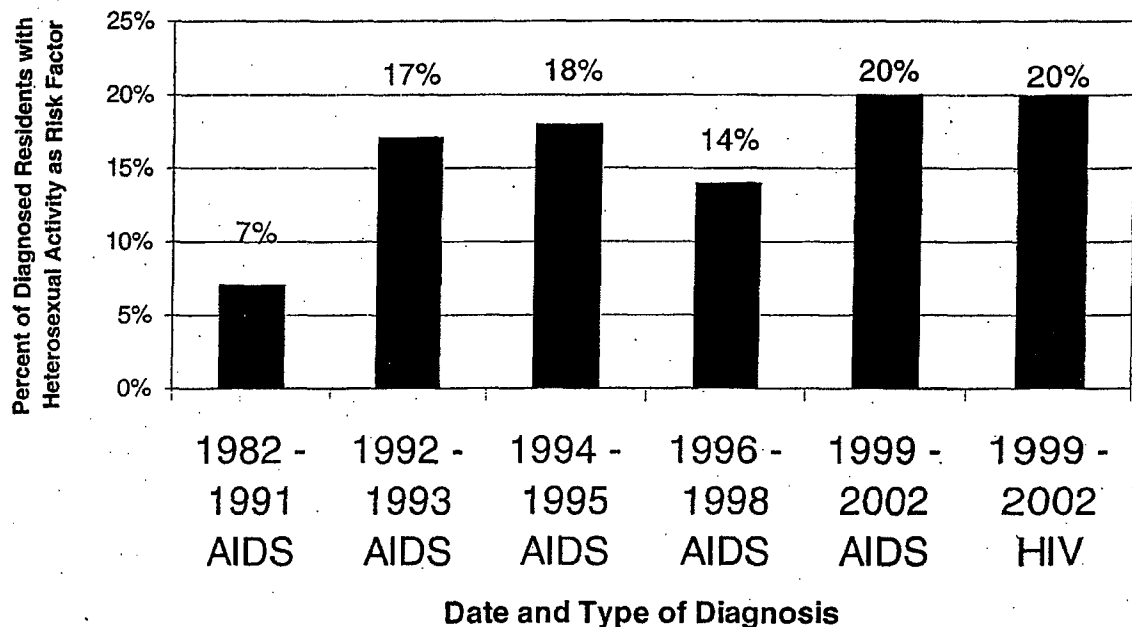
## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

**HEALTH UPDATE****RESIDENTS EVER DIAGNOSED WITH HIV/AIDS  
TIME TRENDS IN RISK FACTORS: Injection Drug Use****Fig. 8. Injection Drug Use**

- For individuals grouped according to date of HIV/AIDS diagnosis (AIDS diagnosed in 1982—1991, 1992—1993, 1994—1995, 1996—1998, 1999—2002, and HIV only diagnosed in 1999 - 2002), this figure presents the percentage of persons whose infection is attributed to injection drug use.<sup>1</sup> Appendix I gives data on all risk factors by date of diagnosis.
- Among the 262 Springfield residents diagnosed with AIDS by 1991, the reported risk behavior of over half (54%) was injection drug use.
- The percentage of city residents whose risk behavior was injection drug use was even higher between 1992—1995, reaching 60% (3 of 5) in 1994—1995.
- The percent of Springfield residents diagnosed with AIDS whose risk behavior was shooting drugs dropped back to 53% for those diagnosed in 1996—1998 and to 44% (4 of every 9) for those diagnosed in 1999—2002.
- Among the 168 Springfield residents diagnosed between 1999 and 2002 with HIV that has not yet progressed to AIDS, only 33%, 1/3, reported injection drug use as their risk factor.

<sup>1</sup> MDPH data as of 04/01/04. Because there is a lag of variable length between date of diagnosis and date of report, in order to analyze a "complete population", only persons diagnosed through 12/02 are included in the analysis. Because reporting of persons with HIV diagnoses prior to 1999 is retrospective and incomplete, those data are not included.

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

**HEALTH UPDATE****RESIDE EVER DIAGNOSED WITH HIV/AIDS  
TIME TRENDS IN HIV/AIDS RISK FACTORS: Heterosexual Activity****Fig. 9. Heterosexual Activity**

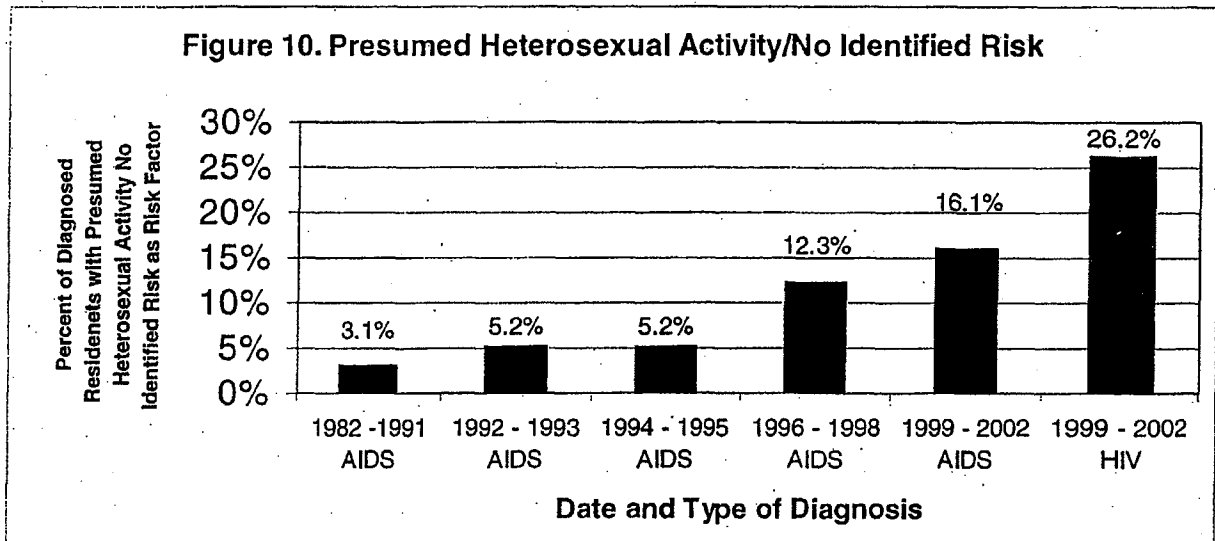
- For individuals grouped according to date of HIV/AIDS diagnosis (AIDS diagnosed in 1982—1991, 1992—1993, 1994—1995, 1996—1998, 1999—2002, and HIV only diagnosed 1990—2002), this figure presents the percentage of persons whose infection is attributed heterosexual activity.<sup>1</sup> Appendix I gives data on all risk factors by date of diagnosis.
- Among the 262 Springfield residents diagnosed with AIDS by 1991, the reported risk behavior of only 7% was heterosexual activity.
- This percentage was at least double in each subsequent time period.
- One of every 5 persons diagnosed with AIDS or HIV in 1999—2002 (20%) had as their risk behavior heterosexual activity.

<sup>1</sup> MDPH data as of 04/01/04. Because there is a lag of variable length between date of diagnosis and date of report, in order to analyze a "complete" population, only persons diagnosed through 12/02 are included in the analysis. Because reporting of persons with HIV diagnoses prior to 1999 is

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## RESIDENTS EVER DIAGNOSED WITH HIV/AIDS TIME TRENDS IN HIV/AIDS RISK FACTORS: Presumed Heterosexual Activity and No Identified Risk



- The way a person got infected with HIV is classified as "presumed heterosexual" when the individual denies:
  - male homosexual activity,
  - injection drug use, and
  - heterosexual activity with someone known i) to be HIV infected, ii) to be a bisexually active male, or iii) to inject drugs
 and the individual affirms heterosexual activity.
- An HIV infected adult who denies injection drug use, male homosexual activity and high risk heterosexual activity, and who does not "qualify" as having presumed heterosexual exposure is categorized as having no identified risk. The number of these individuals is quite small. Thus, the no risk specified group being considered in this figure is largely persons whose heterosexual activity is their presumed risk.
- For individuals grouped according to date periods of HIV/AIDS diagnosis (AIDS diagnosed in 1982—1991, 1992—1993, 1994—1995, 1996—1998, 1999—2002, and HIV only diagnosed 1999—2002), this figure presents the percentage of persons whose route of infection is presumed heterosexual or is unidentified.<sup>1</sup> Appendix I gives data on all risk factors by date of diagnosis.

(Continued)

<sup>1</sup>MDPH data as of 04/01/04. Because there is a lag of variable length between date of diagnosis and date of report, in order to analyze a "complete" population, only persons diagnosed through 12/02 are included in the analysis. Because reporting of persons with HIV diagnoses prior to 1999 is retrospective and incomplete, those data are not included.

- The percentage of individuals whose risk behavior was presumed heterosexual activity or was unidentified consistently increased over the six periods of diagnosis with more than a doubling between the 1994—1995 and 1996—1998 time periods.
- The route of infection of about 1 of every 8 persons diagnosed with AIDS in 1996—1998 was presumed heterosexual activity or unidentified. Among those diagnosed with AIDS in 1999—2002 the source of infection among almost 1 of every 6 was presumed heterosexual activity or was unidentified; of those diagnosed with HIV infection in 1999—2002 the route of infection of more than 1 of every 4 was presumed heterosexual activity or was unidentified.



## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

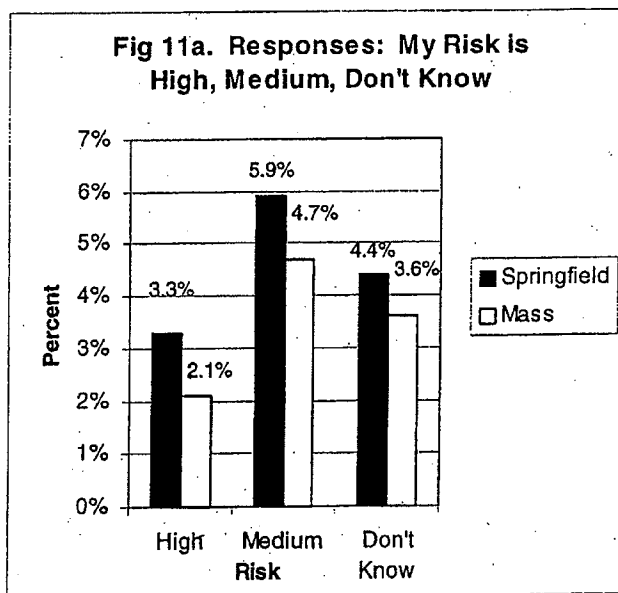
# HEALTH UPDATE

## WHAT ARE YOUR CHANCES OF GETTING INFECTED WITH HIV?

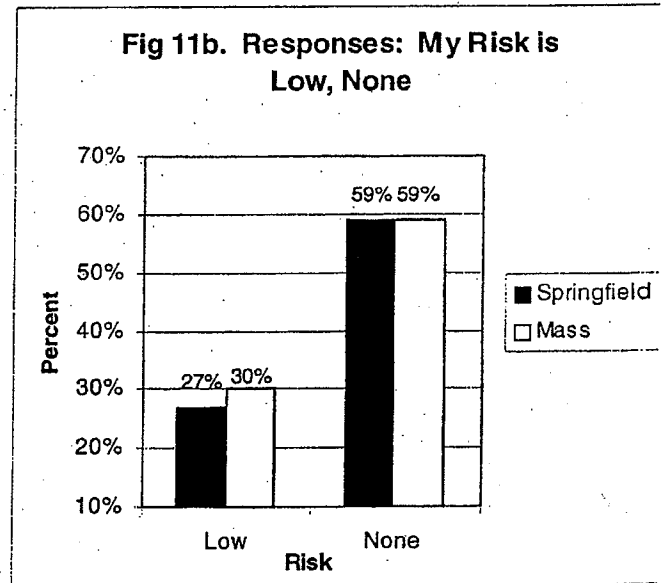
### The Results of Annual Phone Surveys of 18—65 Year Old Springfield Residents, 1994—2000

Every year, the Massachusetts Department of Public Health surveys a group of adults (using random digit dialing) about their behaviors. Between 1994 and 2000 a total of 2,187 Springfield residents aged 18—65 were asked to estimate their chance of getting infected with HIV.

**Springfield residents believed they were at greater risk of getting HIV than did residents statewide.**



In Springfield 3.3% (1 of every 30 persons surveyed) thought they were at high risk of getting HIV vs. 2.1% (1 of just about every 50) in Massachusetts. Another way of saying this is: City residents were about 60% more likely than Massachusetts residents to consider themselves at high risk.



Slightly more than 1/4 (27%) of Springfield residents surveyed as compared to 3/10 (30%) of Massachusetts residents thought they were at low risk of getting HIV. Springfield residents were about 10% less likely than residents statewide to consider themselves at low risk for getting infected with HIV.

In Springfield 5.9% (1 of every 17 surveyed) thought they were at medium risk of getting infected with HIV vs. 4.7% (1 of just about every 20) in Massachusetts. Or, City residents were about 25% more likely than Massachusetts residents to consider themselves at medium risk for HIV.

In Springfield 4.4% (more than 1 of every 25 surveyed) vs. 3.6% (fewer than 1 of every 25 surveyed) in Massachusetts said they didn't know their risk of getting HIV. Springfield residents were about 20% more likely than Massachusetts residents to say they didn't know their risk.

Springfield residents were the same as residents statewide in terms of the percent thinking they had no chance of getting HIV— 59%, or about 3 of every 5 persons surveyed.

**Questions to the reader:**

**#1 Does anybody have no risk of getting HIV?**

**#2 Might people at highest risk of getting HIV be less likely to participate in phone surveys?**

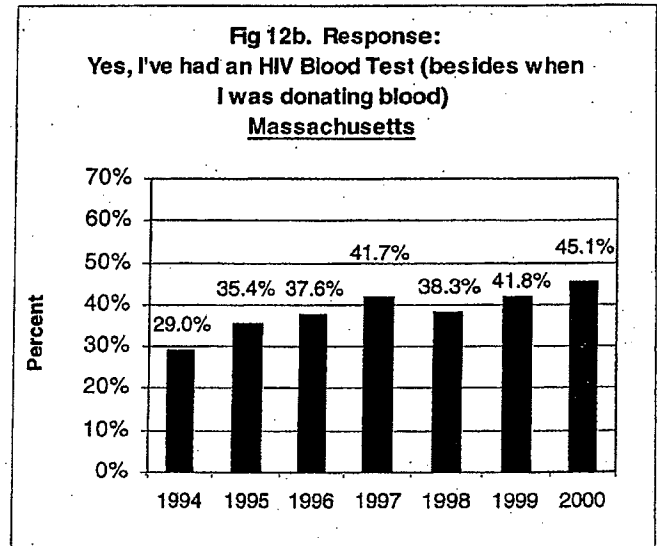
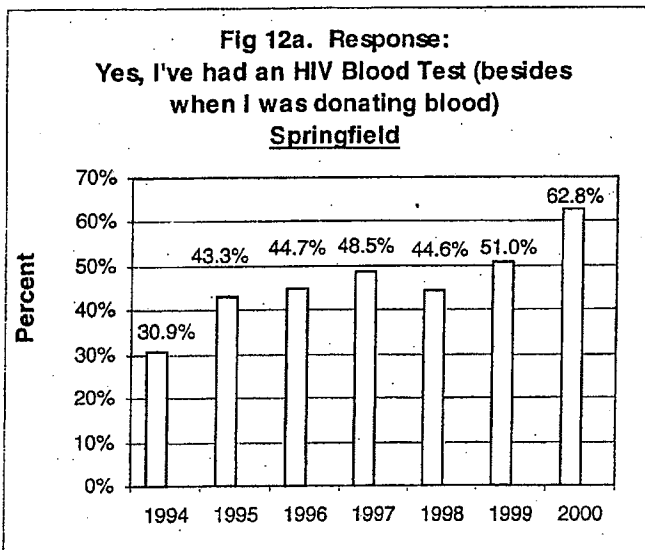
**Comment: The survey results presented here are a low estimate of risk.**

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

# HEALTH UPDATE

## HAVE YOU EVER HAD A BLOOD TEST FOR HIV (BESIDES WHEN YOU WERE DONATING BLOOD)?

The Results of Annual Phone Surveys of  
18—65 Year Old Springfield Residents, 1994—2000



Every year, the Massachusetts DPH surveys a group of adults (using random digit dialing) about their behaviors. Between 1994 and 2000, 1,945 Springfield residents aged 18—65 answered the survey question about whether they'd ever gotten an HIV blood test.

Each year between 1994 and 2000 a larger proportion of Springfield adults than of adults Statewide reported that they've had an HIV blood test at least once in the past.

The percent of adults who report having been tested increased from year to year in both Springfield and in Massachusetts (with the exception of 1997 to 1998).

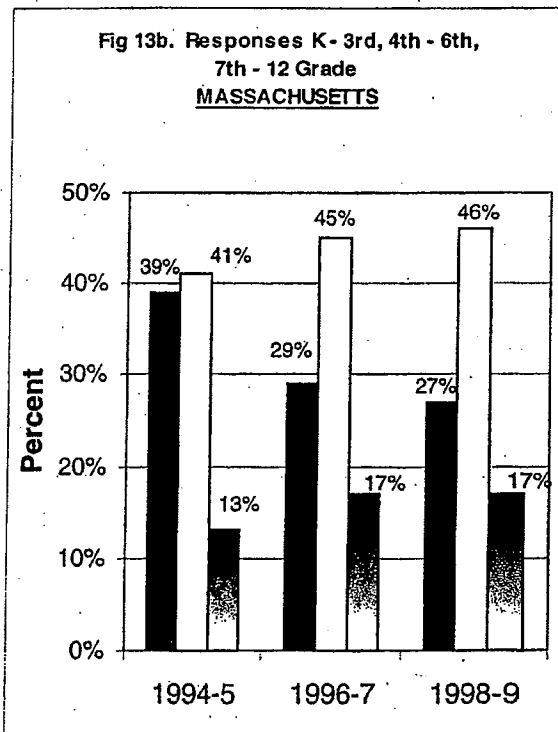
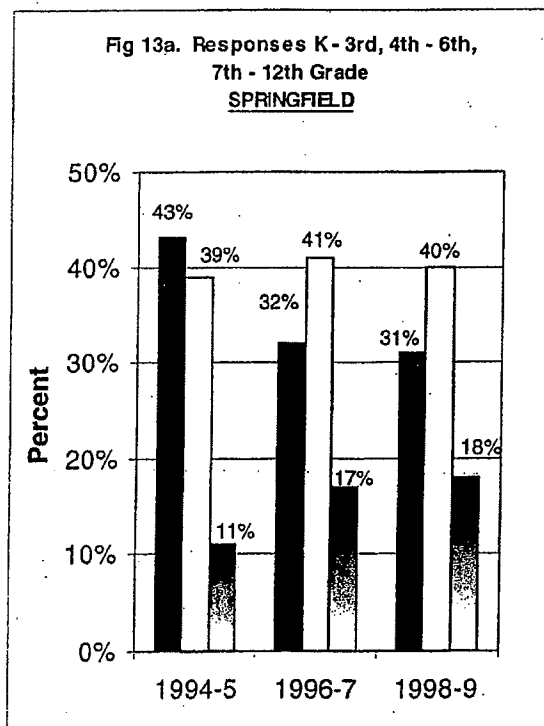
In 1999, for the first time, more than half of those responding to the survey in Springfield reported having been tested. In 2000 the percentage reporting ever having been tested in Springfield rose to 63%! The proportion reporting having been tested in Massachusetts has not yet reached half. (In 2000, 45% of those surveyed statewide reported having ever had an HIV test.)

## CITY OF SPRINGFIELD DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

**HEALTH UPDATE****IN WHAT GRADE DO YOU THINK CHILDREN SHOULD BEGIN RECEIVING HIV EDUCATION?**

**The Result of Annual Phone Surveys of  
18—65 Year Old Springfield Residents, 1994—1999**

Every year, the Massachusetts DPH surveys a group of adults (using random digit dialing) about their behaviors. Between 1994 and 1999, 1,598 Springfield residents aged 18-65 answered the survey question about the grade in which schools should start HIV education. (The question was not part of the 2000 survey.)



- The most common answer was 4th—6th grade. About 4 of every 10 Springfield residents (39% - 41%) believe that's when HIV education should begin. In the state as a whole, 4th—6th grade had about the same popularity (choice of 41%) in 1994—1995 and was the choice of a somewhat larger portion (about 45%) from 1996—1999.

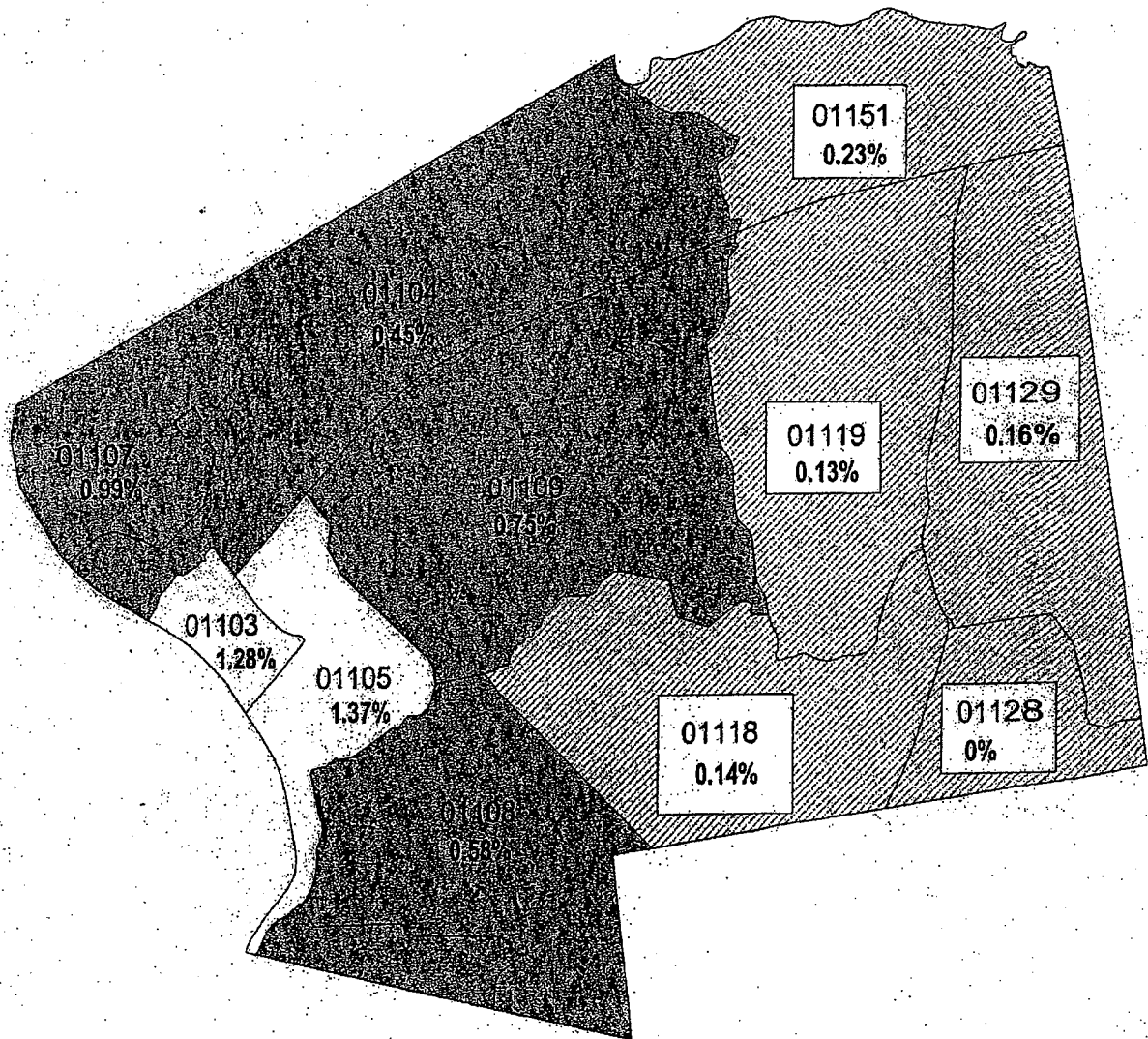
(Continued)




- Springfield residents were consistently more likely than residents Statewide to choose K—3rd grade as the best time to begin HIV education. Slightly under 1/3 of Springfield residents answering the question in '98/'99 (31%) preferred beginning HIV education by 3rd grade compared to slightly more than 1/4 (27%) of those taking the survey Statewide in '98/'99.
- In the City and Statewide the portion thinking HIV education should begin by 3rd grade declined between 1994/95 and 1998/9.
- Since 1996, between 17% and 18% , about 1 of every 6, of those taking the survey in both Springfield and the State thought HIV education should begin in grade 7 or higher.
- The percent of survey takers who thought there should be no HIV education in the schools was below or at 1% (1 in a 100) through 1997 and in 1998—1999 jumped to 3% in Springfield and 1½% Statewide.
- In any particular time period up to 10% of those answering the survey question thought there should be HIV education in school but didn't

CITY OF SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES

# HEALTH UPDATE

PERCENT OF SPRINGFIELD RESIDENTS KNOWN TO BE LIVING WITH HIV/AIDS BY ZIP CODE OF RESIDENCE (AS OF 04/01/04)



-  Fewer than 4 of every 1000 residents
-  More than 4 but fewer than 10 of every 1000 residents
-  More than 5 of every 400 residents (more than 1.25%)



## City of Springfield Department of Health and Human Services

### APPENDIX

#### All Springfield Residents Ever Diagnosed with HIV/AIDS\* Time Trends in DATE and TYPE of Diagnosis by RISK FACTOR

Date & Type of Diagnosis	Men Who Have Sex With Men (MSM)		Injection Drug Use (IDU)		MSM & IDU		Heterosexual		Not Identified Risk and Presumed Heterosexual		Blood		Pediatric (Maternal Transmission)		TOTAL	
1982 – 91, AIDS	74	28.2%	142	54.2%	13	5.0%	17	6.5%	8	3.1%	3	1.1%	5	1.9%	262	100%
1992 – 93, AIDS	36	15.5%	131	56.5%	9	3.9%	40	17.2%	12	5.2%	2	0.9%	2	0.9%	232	100%
1994 – 95, AIDS	27	12.8%	127	60.2%	5	2.4%	38	18.0%	11	5.2%	1	0.5%	2	0.9%	211	100%
1996 – 98, AIDS	28	14.4%	109	52.8%	8	4.1%	27	13.3%	24	12.3%	5	1.5%	2	1.0%	195	100%
1999 – 2002, AIDS	32	16.6%	85	44.0%	7	3.6%	38	19.7%	31	16.1%	0	0%	0	0%	193	100%
TOTAL AIDS	197	18.0%	588	53.8%	42	3.8%	160	14.6%	86	7.9%	9	0.8%	11	1.0%	1093	100%
1999 – 2002, HIV	30	17.9%	56	33.3%	4	2.4%	34	20.2%	44	26.2%	0	0%	0	0%	168	100%
TOTAL HIV/AIDS	227	18.0%	644	51.1%	46	3.6%	194	15.4%	130	10.3%	9	0.7%	11	0.9%	1261	100%

\*MDPH data as of 04/01/04